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CONFIRMATION NO. 4398

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/807,807	03/24/2004	435	1648	V9661.0077
RULE				
APPLICANTS Joseph S.M. Peiris, Hong Kong, CHINA; Kwok Yung Yuen, Hong Kong, CHINA; Lit Man Poon, Hong Kong, CHINA; Yi Guan, Hong Kong, CHINA; Kwok Hung Chan, Hong Kong, CHINA; John M. Nicholls, Hong Kong, CHINA; Frederick C. Leung, Hong Kong, CHINA; <div style="text-align: right;">LH 1/14/08</div>				
** CONTINUING DATA ***** This appln claims benefit of 60/457,031 03/24/2003 and claims benefit of 60/457,730 03/26/2003 and claims benefit of 60/459,931 04/02/2003 and claims benefit of 60/460,357 04/03/2003 and claims benefit of 60/461,265 04/08/2003 and claims benefit of 60/462,805 04/14/2003 and claims benefit of 60/464,886 04/23/2003 and claims benefit of 60/465,738 04/25/2003 and claims benefit of 60/470,935 05/14/2003 <div style="text-align: right;">LH 1/14/08</div>				
** FOREIGN APPLICATIONS ***** <div style="text-align: center;">none LH 1/14/08</div>				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ** 05/10/2005				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /LOUISE HUMPHREY/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance LH Initials	STATE OR COUNTRY CHINA	SHEETS DRAWINGS 106	TOTAL CLAIMS 29
INDEPENDENT CLAIMS 11				
ADDRESS DICKSTEIN SHAPIRO LLP 1177 AVENUE OF THE AMERICAS (6TH AVENUE) NEW YORK, NY 10036-2714 UNITED STATES				
TITLE High-throughput diagnostic assay for the human virus causing severe acute respiratory syndrome (SARS)				
FILING FEE RECEIVED 1110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____	